

Exhibit A

Maria A. Abadi, M.D.

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 AT CHARLESTON
4 -----X
5 IN RE: ETHICON, INC.,) Master File No.
6 PELVIC REPAIR SYSTEM PRODUCTS) 2:12-MD-02327
7 LIABILITY LITIGATION)
8) MDL-2327
9 -----)
10 THIS DOCUMENT RELATES TO THE)
11 FOLLOWING CASES IN WAVE 1 OF) JOSEPH R. GOODWIN
12 MDL 200:) U.S. DISTRICT JUDGE
13)
14)
15 JULIE WROBLE) Civil Action No.
16) Plaintiff) 2:12-cv-00883
17 vs.)
18)
19 ETHICON, INC., ET AL.)
20) Defendant.)
21)
22 -----X

13
14
15
16
17
18
19
20
21
22
23
24

DEPOSITION OF MARIA A. ABADI, M.D.
New York, New York
March 29, 2016

Reported by:
MARY F. BOWMAN, RPR, CRR

1 residents that circulate through or medical
2 students on the rotations and kind of
3 observe the practice of pathology?

4 A. Yes.

5 Q. Is that considered an actual
6 employed academic position with Einstein?

7 A. No. It is an affiliation.

8 Q. So when it says "academic
9 appointments," that's really, you have an
10 affiliation in your practice with the
11 medical school, fair?

12 A. Right. It means that I don't get
13 paid by them, but I do work for them in
14 terms of teaching and participating in
15 committees and things of that nature.

16 Q. And that's through the hospital?

17 A. Yes. The hospital is affiliated
18 to Albert Einstein, correct.

19 Q. So your positions as of today are
20 the director of surgical pathology and
21 cytopathology at Jacobi Medical Center,
22 which is the hospital in the Bronx
23 affiliated with Albert Einstein Medical
24 School?

1 A. That is correct.

2 Q. And then you also serve, it
3 appears, according to your CV, as the vice
4 chair for North Bronx Healthcare Network
5 department of pathology?

6 A. That is correct.

7 Q. What does that involve?

8 A. There are two hospitals. One is
9 Jacobi Medical Center, and the other one is
10 North Central Bronx. So I am vice chair of
11 the two departments.

12 So we oversee the administrative
13 and the clinical functions of both
14 departments.

15 Q. In your position as vice chair,
16 is that administrative?

17 A. In part it is. For the most
18 part, I do clinical work, but there is a
19 percentage of my time that goes into
20 administrative work.

21 Q. Is your clinical work at Jacobi,
22 or do you have to travel?

23 A. No. Everything is at Jacobi,
24 centralized.

1 origin. So for the most part --

2 Q. In bigs?

3 A. In bigs. So for the most part, I
4 will be doing that.

5 And then the following day we do,
6 for example, cytology, and that includes
7 Pap smears, OB/GYNs, and what we call
8 fine-needle aspirations, and then I would
9 go to another rotation.

10 Q. Understood.

11 As I looked at your CV, which is
12 marked as Exhibit 2, you were board
13 certified in anatomic pathology in 1996?

14 A. Yes.

15 Q. Have you been recertified?

16 A. I was grandfathered. I was one
17 of the last groups that did not have to
18 take it again.

19 Q. So you understand that currently
20 if you got board certified in anatomic
21 pathology, there would be an expectation to
22 retake the board certification exam every
23 ten years?

24 A. Yes. I know I was saved from

1 that.

2 Q. You got under the wire in 1996?

3 A. Yes. I think it was around that
4 time, I think a little bit later, that the
5 American Board of Pathology decided to
6 change that.

7 Q. So you have not engaged to be
8 recertified in anatomic pathology?

9 A. Right.

10 Q. You took the test in '96 and have
11 not taken it again?

12 A. Yes.

13 Q. Then you list board certified in
14 cytopathology, which you got in 1997, and I
15 don't know if there is a recertification.

16 A. Right now, there is. The same
17 thing happened with cytopathology.

18 Q. You got in under the wire for
19 that one as well?

20 A. Yes. That means I'm old.

21 Q. No, it doesn't. It means you
22 took the test a while ago.

23 Do you know if there is any
24 effort to address, amongst the college,

1 accurate?

2 A. That is accurate.

3 Q. Your personal experience with
4 interpreting pathological samples that come
5 to you from a surgeon excising mesh, as
6 you, I think, have just said, is a couple
7 of years. Is that accurate?

8 A. That is correct.

9 Q. Are we talking two or three a
10 year?

11 A. Yes, about that.

12 Q. Would that be true for the last
13 dozen years?

14 A. Yes, it would be true back for
15 the last decade.

16 Q. For the last decade, you would
17 see approximately two or three excised mesh
18 samples on an annual basis?

19 A. Yes.

20 Q. That's your personal experience
21 world?

22 A. Yes, outside the litigation part.

23 Q. In that personal experience, when
24 a mesh sample comes to you, as a

1 may have different properties?

2 A. Yes.

3 Q. They can have different pore
4 sizes?

5 A. Correct.

6 Q. They can have different weave
7 patterns?

8 A. Yes.

9 Q. They can have different thickness
10 or weight?

11 A. Yes.

12 Q. And the final product may have
13 different shapes, correct?

14 A. Yes.

15 Q. Are your opinions that are laid
16 out in your report opinions based on the
17 host tissue response to polypropylene mesh
18 in general?

19 A. Well, the tissue samples that I
20 reviewed were from cases that used Prolene
21 Soft Mesh, and therefore, my opinions are
22 based on that.

23 Q. So the opinions that you have
24 regarding the host tissue response are

1 based upon your personal review of five
2 cases of explanted materials of women who
3 were implanted with Prolene Soft Mesh?

4 A. Yes.

5 Q. And that was the samples that
6 were provided to you and you have
7 personally reviewed that you knew the
8 pathology was related or was sourced by
9 Prolene Soft?

10 A. Yes.

11 Q. Your personal experience, you
12 don't know if you have had any personal
13 experience with looking at pathology
14 samples of Prolene Soft Mesh, correct?

15 MR. COMBS: Object to form.

16 A. Right. Well, I -- I don't -- I
17 didn't understand that last part, but in
18 regard to this, to your observations, yes.
19 The cases that I reviewed were provided by
20 Ethicon, and then yes, they were Prolene
21 Soft Mesh.

22 Q. So the basis for your opinions
23 regarding the host tissue response to
24 Ethicon mesh is based on your personal

1 review of five explanted materials that
2 were specifically Prolene Soft Mesh.

3 A. Yes.

4 Q. The -- if you turn to page 13 of
5 your report, the final conclusion you make
6 in your report states that "regarding
7 symptomatology, there is no direct
8 correlation between histologic findings and
9 clinical presentation due to the fact that
10 pain is a complex process influenced by
11 anatomical, chemical and psychosocial
12 factors."

13 Do you see that, Doctor?

14 A. Yes, I do.

15 Q. Now, we had talked before about
16 the ability to correlate histologic
17 findings with clinical history. Do you
18 recall that conversation?

19 A. Yes, I do.

20 Q. And that at least in practice
21 before this litigation, you had seen
22 instances where there was an ability to
23 correlate histological findings with a
24 clinical presentation of erosion.

1 and described those findings then in
2 Appendix A?

3 A. Right. I also included pictures
4 of polypropylene that were not part of the
5 litigation.

6 Q. Where is that?

7 A. For example, figure 5 talks about
8 a polypropylene suture that was found in a
9 CABG, and it was not given to me by
10 Ethicon.

11 Q. What is the source -- it looks
12 like 5, 6, are images related to a
13 polypropylene suture used in a coronary
14 artery bypass graft?

15 A. Correct.

16 Q. What is the source of that image?

17 A. The source is an autopsy.

18 Q. From where?

19 A. From Jacobi Medical Center. It
20 is a case of mine.

21 Q. This was a case of yours?

22 A. Correct. That it is not --
23 independent from Ethicon, just to
24 illustrate that the reaction for the suture

1 is the same as the same mesh. And that the
2 patient had a perfect CABG. His cause of
3 death was unrelated to cardiac -- you know,
4 the bypass.

5 And there was the same Bard,
6 so-called Bard Dr. Iakovlev talks about,
7 you can see there it has no adverse
8 reaction to the patient. Same like with
9 the inflammation; it is the same
10 inflammation that you see in the mesh.

11 Q. This is inflammation of cardiac
12 tissue around a suture?

13 A. Correct.

14 Q. And is it you, Dr. Abadi, who is
15 comparing the inflammatory response to
16 cardiac tissue around a suture to the
17 experience of the response of female pelvic
18 tissue to a mesh?

19 A. What I was trying to compare is
20 that polypropylene, regardless of whether
21 it is mesh or suture, has a very similar
22 reaction.

23 Q. OK.

24 A. So in other words, the -- when --

1 copy.

2 A. It does.

3 Q. But that's what it is?

4 A. That's what it is.

5 MR. PERDUE: All right. With
6 that, I'll pass the witness.

7 Thank you, Doctor.

8 MR. COMBS: Let's take a break
9 for a couple of minutes, and I hope it
10 will be brief, but I will have a few
11 questions.

12 (Recess)

13 EXAMINATION BY

14 MR. COMBS:

15 Q. Dr. Abadi, you were asked dozens
16 of questions regarding your opinion
17 regarding clinical issues in this case. Is
18 your role in this case to offer an opinion
19 on clinical issues?

20 A. No. I'm here to give opinions on
21 the pathological issues, meaning
22 histopathology.

23 Q. And is what you have done in this
24 case, is reviewed the materials that are

1 set forth in your report and then reviewed
2 the tissue samples that have been provided
3 to you in this litigation?

4 MR. PERDUE: Form.

5 A. Correct. I have reviewed all the
6 tissue materials in this litigation.

7 Q. And for all of the cases in which
8 you have reviewed, was the histological
9 response the expected and intended reaction
10 to the mesh?

11 MR. PERDUE: Form.

12 A. Yes. It is the expected
13 response.

14 Q. Dr. Abadi, you were asked a
15 number of questions by Mr. Perdue regarding
16 the five cases that you reviewed. You have
17 reviewed other materials in this litigation
18 as well, haven't you?

19 A. Yes, I have.

20 Q. And you have reviewed all of the
21 materials that are set forth in your
22 report?

23 A. Yes, I have reviewed the
24 materials in my report and other materials

1 as well.

2 Q. And that includes the materials
3 that you set forth in your bibliography at
4 pages 13 through 15 of your report?

5 A. Correct.

6 Q. Mr. Perdue asked you a number of
7 questions in which he characterized your
8 experience in reviewing pelvic meshes as
9 only having seen a handful of pelvic
10 meshes. In fact, you have seen somewhere
11 between 20 and 30 in your clinical
12 practice, didn't you?

13 MR. PERDUE: Form.

14 A. Yes, I have.

15 Q. Have you also seen hernia meshes?

16 A. Yes, I have seen hernia meshes.

17 Q. For how long?

18 A. For the 20 years that I have been
19 practicing.

20 Q. And is your opinion also based
21 upon your experience in the foreign body
22 response to those hernia meshes?

23 MR. PERDUE: Form.

24 A. Yes. My opinions are based on

1 what is my experience on foreign body
2 reaction, not only related to the mesh, the
3 pelvic meshes, but in general. Hernias,
4 foreign bodies, sutures, et cetera.

5 Q. Now, you just mentioned sutures.
6 During your practice as a pathologist, have
7 you had the opportunity to view tissue
8 samples that have contained sutures?

9 A. Yes, I have.

10 Q. Approximately how many?

11 A. Oh, many. I could not tell you
12 how many. But sutures are constant in our
13 hospital.

14 Q. More than a thousand?

15 A. More than a thousand, absolutely.

16 MR. PERDUE: Form.

17 Q. And were many of the sutures made
18 of polypropylene?

19 A. Yes.

20 Q. And is the histological response
21 in terms of the inflammation elicited the
22 same regardless of what type of
23 polypropylene that's been implanted?

24 MR. PERDUE: Form.

1 A. Yes, the type of inflammation is
2 the same.

3 Q. Dr. Abadi, you were asked
4 questions regarding whether degradation has
5 a clinical impact. Do you remember those
6 questions?

7 A. Yes, I do.

8 Q. Now, in the cases that you have
9 reviewed, there is polypropylene that
10 Dr. Iakovlev claims is degraded, isn't
11 there?

12 A. Correct.

13 Q. And have you reviewed the
14 histological response to the polypropylene
15 that he claims is degraded?

16 A. Yes, I have.

17 Q. What is that histological
18 response?

19 A. Well, the histologic response is
20 the same in all these cases. It is the
21 same chronic inflammation, focal foreign
22 body reaction.

23 So whether he says it is degraded
24 or not, the response, the histologic

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CERTIFICATE

STATE OF NEW JERSEY)

)ss:

COUNTY OF UNION)

I, MARY F. BOWMAN, a Registered
Professional Reporter, Certified
Realtime Reporter, and Notary Public
within and for the State of New Jersey,
do hereby certify:

That MARIA A. ABADI, M.D., the
witness whose deposition is
hereinbefore set forth, was duly sworn
by me and that such deposition is a
true record of the testimony given by
such witness.

I further certify that I am not
related to any of the parties to this
action by blood or marriage and that I
am in no way interested in the outcome
of this matter.

In witness whereof, I have
hereunto set my hand this 1st day of
April, 2016.
